

SAINT LOUIS CRISIS NURSERY BENEFITS ELECTION FORM

July 1, 2025 through June 30, 2026

Employee Name: \_\_\_\_\_ Location: \_\_\_\_\_

Full-time Start Date: \_\_\_\_\_ Estimated Benefit Start/End Date July 1, 2025

Qualifying Event: \_\_\_\_\_ Qualifying Event Start/End Date \_\_\_\_\_

(Initial in front of your choice in each of the 4 categories below, then circle the Bi-Weekly Deduction amount)

|   |   |                              |                              |                                   |                                   |                            |
|---|---|------------------------------|------------------------------|-----------------------------------|-----------------------------------|----------------------------|
| <b>MEDICAL</b>  | <b>WAIVE Medical Coverage</b>                             |                              | <b>Total Monthly Premium</b> | <b>CN Pays</b>                    | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b> |
|   | WAIVE Medical Coverage                                    |                              | \$0.00                       | \$0.00                            | \$0.00                            | \$0.00                     |
|   | <b>UHC - MEDICAL - Plan A - EE9C (Core Network)</b>       |                              | <b>Total Monthly Premium</b> | <b>CN Pays</b>                    | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b> |
|   | Medical - Employee Only                                   |                              | \$750.59                     | \$675.53                          | \$75.06                           | \$34.64                    |
|   | Medical - Employee & Spouse                               |                              | \$1,576.25                   | \$675.53                          | \$900.72                          | \$415.72                   |
|   | Medical - Employee & Child(ren)                           |                              | \$1,462.90                   | \$675.53                          | \$787.37                          | \$363.40                   |
|   | Medical - Employee, Spouse & Child(ren)                   |                              | \$2,288.55                   | \$675.53                          | \$1,613.02                        | \$744.47                   |
|   | <b>UHC - MEDICAL - Plan B- EFBM (Core Network)</b>        |                              | <b>Total Monthly Premium</b> | <b>CN Pays</b>                    | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b> |
|   | Medical - Employee Only                                   |                              | \$872.10                     | \$675.53                          | \$196.57                          | \$90.72                    |
|   | Medical - Employee & Spouse                               |                              | \$1,831.42                   | \$675.53                          | \$1,155.89                        | \$533.49                   |
|   | Medical - Employee & Child(ren)                           |                              | \$1,699.72                   | \$675.53                          | \$1,024.19                        | \$472.70                   |
|   | Medical - Employee, Spouse & Child(ren)                   |                              | \$2,659.04                   | \$675.53                          | \$1,983.51                        | \$915.47                   |
|   | <b>UHC - MEDICAL - Plan C- EE9F (Choice Plus Network)</b> |                              | <b>Total Monthly Premium</b> | <b>CN Pays</b>                    | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b> |
|   | Medical - Employee Only                                   |                              | \$833.98                     | \$675.53                          | \$158.45                          | \$73.13                    |
|   | Medical - Employee & Spouse                               |                              | \$1,751.37                   | \$675.53                          | \$1,075.84                        | \$496.54                   |
|   | Medical - Employee & Child(ren)                           |                              | \$1,625.42                   | \$675.53                          | \$949.89                          | \$438.41                   |
| Medical - Employee, Spouse & Child(ren)                   |   | \$2,542.81                   | \$675.53                     | \$1,867.28                        | \$861.82                          |                            |
| <b>UHC - MEDICAL - Plan D- EFBR (Choice Plus Network)</b> |   | <b>Total Monthly Premium</b> | <b>CN Pays</b>               | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b>        |                            |
| Medical - Employee Only                                   |   | \$968.99                     | \$675.53                     | \$293.46                          | \$135.44                          |                            |
| Medical - Employee & Spouse                               |   | \$2,034.89                   | \$675.53                     | \$1,359.36                        | \$627.40                          |                            |
| Medical - Employee & Child(ren)                           |   | \$1,888.56                   | \$675.53                     | \$1,213.03                        | \$559.86                          |                            |
| Medical - Employee, Spouse & Child(ren)                   |   | \$2,954.45                   | \$675.53                     | \$2,278.92                        | \$1,051.81                        |                            |

Nursery pays for 90% of the Base Plan for employee only

|               |  |  |                              |                |                                   |                            |
|---------------|--|--|------------------------------|----------------|-----------------------------------|----------------------------|
| <b>DENTAL</b> | <b>WAIVE DENTAL Coverage</b>                 |  | <b>Total Monthly Premium</b> | <b>CN Pays</b> | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b> |
|               | WAIVE Dental                                 |  | \$0.00                       | \$0.00         | \$0.00                            | \$0.00                     |
|               | <b>UHC - DENTAL - Plan A (Base Plan)</b>     |  | <b>Total Monthly Premium</b> | <b>CN Pays</b> | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b> |
|               | Dental - Employee Only                       |  | \$20.83                      | \$10.42        | \$10.41                           | \$4.80                     |
|               | Dental - Employee & Spouse                   |  | \$41.66                      | \$10.42        | \$31.24                           | \$14.42                    |
|               | Dental - Employee & Child(ren)               |  | \$51.55                      | \$10.42        | \$41.13                           | \$18.98                    |
|               | Dental - Employee, Spouse, & Child(ren)      |  | \$76.48                      | \$10.42        | \$66.06                           | \$30.49                    |
|               | <b>UHC - DENTAL - Plan B (Enhanced Plan)</b> |  | <b>Total Monthly Premium</b> | <b>CN Pays</b> | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b> |
|               | Dental - Employee Only                       |  | \$32.57                      | \$10.42        | \$22.15                           | \$10.22                    |
|               | Dental - Employee & Spouse                   |  | \$65.13                      | \$10.42        | \$54.71                           | \$25.25                    |
|               | Dental - Employee & Child(ren)               |  | \$76.21                      | \$10.42        | \$65.79                           | \$30.36                    |
|               | Dental - Employee, Spouse, & Child(ren)      |  | \$114.60                     | \$10.42        | \$104.18                          | \$48.08                    |

Nursery pays for 50% of base plan for employee only

|               |   |  |                              |                |                                   |                            |
|---------------|---|--|------------------------------|----------------|-----------------------------------|----------------------------|
| <b>VISION</b> | <b>WAIVE VISION Coverage</b>            |  | <b>Total Monthly Premium</b> | <b>CN Pays</b> | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b> |
|               | WAIVE VISION Coverage                   |  | \$0.00                       | \$0.00         | \$0.00                            | \$0.00                     |
|               | <b>UHC - VISION</b>                     |  | <b>Total Monthly Premium</b> | <b>CN Pays</b> | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b> |
|               | Vision - Employee Only                  |  | \$6.99                       | \$3.50         | \$3.49                            | \$1.61                     |
|               | Vision - Employee & Spouse              |  | \$13.26                      | \$3.50         | \$9.76                            | \$4.50                     |
|               | Vision - Employee & Child(ren)          |  | \$15.56                      | \$3.50         | \$12.06                           | \$5.57                     |
|               | Vision - Employee, Spouse, & Child(ren) |  | \$21.90                      | \$3.50         | \$18.40                           | \$8.49                     |

Nursery pays for 50% of vision plan for employee only

|                       |  |  |                              |                |                                   |                            |
|-----------------------|--|--|------------------------------|----------------|-----------------------------------|----------------------------|
| <b>VOLUNTARY LIFE</b> | <b>WAIVE/NO CHANGE VOLUNTARY LIFE Coverage</b> |  | <b>Total Monthly Premium</b> | <b>CN Pays</b> | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b> |
|                       | WAIVE VOLUNTARY LIFE Coverage                  |  | \$0.00                       | \$0.00         | \$0.00                            | \$0.00                     |
|                       | NO CHANGE to VOLUNTARY LIFE Coverage           |  | see rate grid                | \$0.00         | see rate grid                     | see rate grid              |
|                       | <b>HARTFORD - VOLUNTARY LIFE</b>               |  | <b>Total Monthly Premium</b> | <b>CN Pays</b> | <b>Employee Monthly Deduction</b> | <b>Bi-Weekly Deduction</b> |
|                       | Employee Voluntary Life                        |  |                              | \$0.00         |                                   |                            |
|                       | Spouse Voluntary Life                          |  |                              | \$0.00         |                                   |                            |
|                       | Child(ren) Voluntary Life                      |  |                              | \$0.00         |                                   |                            |

(Total the circled Bi-Weekly Deductions, write the total in the box and circle it) **TOTAL Authorized BI-WEEKLY DEDUCTIONS:** \_\_\_\_\_

I have been given an opportunity to participate in my employer's Group Insurance Plan and have indicated my choices above. I understand that if I have refused coverage(s) above, and request coverage at a later date, I may be required to furnish evidence of a qualifying event within 30 days of the event. In addition, I understand these premiums will be deducted on a pre-taxed basis and cannot be changed during the plan year without evidence of a qualifying event. (If you would like to opt out of the premiums being withheld pre-taxed, please contact HR.)

This form is for validation of premium deductions. Insurance Company enrollment and change forms may be provided when necessary. Insurance coverage cannot start without completed enrollment forms, received and approved by the insurance provider. There is no coverage without properly completed and received enrollment forms.

If enrollment applications are returned on time, eligibility begins the first day of the month following 30 days from your full-time start date.

**EVEN IF YOU CHOOSE TO WAIVE (NOT TO PARTICIPATE), WE MUST HAVE THIS SIGNED FORM ON FILE.**

(Sign and date) **EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

For Admin Use

UHC \_\_\_\_\_ HARTFORD \_\_\_\_\_ TASC \_\_\_\_\_ IPS \_\_\_\_\_